

# How CPT codes are keeping pace with COVID-19 vaccine development

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## Andis Robeznieks

Senior News Writer

As with everything else related to the pandemic, the panel responsible for developing the codes used for payment and tracking the administration of COVID-19 vaccines had to adjust their processes while ensuring that the end product was developed with the same precision as is done under normal conditions.

That story is told in an AMA webinar, "Coding and COVID-19 Vaccines," which also explains the specific AMA Current Procedural Terminology (CPT®) product and administrative codes related to COVID-19 vaccine administration.

Resources regarding COVID-19 vaccine-specific CPT codes, other COVID-19 related CPT codes, and COVID-19 and vaccine development are available on the AMA website.

Long described as the "common language of medicine," the CPT code set is kept current through the work of the CPT Editorial Panel, an independent body convened by the AMA.

Traditionally, vaccine manufacturers submitted code-change applications to the CPT Editorial Panel (the Panel) for consideration at its next scheduled meeting. In addition to the regular process that the Panel undergoes to review all applications that are submitted, vaccine codes undergo review by the CPT Vaccine Coding Caucus, which reviews the application and makes a recommendation for the Panel's consideration.

If approved by the Panel, the new vaccine code would be released either on Jan. 1 or July 1, whichever came first, and become effective six months later, so physicians, hospitals, payers, technology providers and innovators who would use the code have time to integrate it into their respective systems.

As COVID-19 clinical trials were reporting highly successful outcomes last summer, it became apparent that a coding mechanism for payment and tracking the various vaccines was "imminently

needed" so that it would be available as soon as the Food and Drug Administration (FDA) authorized its use, said webinar panelist Jordan Pritzker, MD, MBA, co-chair of the CPT Vaccine Coding Caucus.

So, just as manufacturers began producing vaccines before the FDA granted authorization, the Panel also had to have CPT codes ready to use in advance of authorization.

There were other differences in the development process. The Vaccine Coding Caucus relied on validated data from the individual manufacturers to develop the specificity needed for CPT codes that were manufacturer-specific for tracking purposes, said Dr. Pritzker, an ob-gyn and medical director for Aetna.

## Breaking from precedent

The precedent was to not use manufacturer names in the coding descriptor. But now there was a need for unique codes to meet the tracking requirements of the FDA, the Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services, and commercial insurance payers.

The panel chose to use the code numbers 91300 to 91399 to identify the vaccines and four have been published so far:

- 91300 for the Pfizer-BioNTech vaccine.
- 91301 for the Moderna vaccine.
- 91302 for the AstraZeneca vaccine, which the FDA has not yet authorized for use in the U.S.
- 91303 for the vaccine developed by Johnson & Johnson-owned Janssen Pharmaceuticals.

Each vaccine is also assigned four-digit CPT administration codes that identify the manufacturer and whether the shot administered is for a first or second dose, when applicable.

For example, "91301 0012A" would be used to record administration of the second dose of the Moderna vaccine.

A document known as Appendix Q serves as a reference to the vaccine code/descriptor, the vaccine administration codes, the vaccine's manufacturer, the name found on packaging, the National Drug Code product identification number found on its vial, and the recommended interval between doses.

Dr. Pritzker noted that along with providing the injection, the administration procedure includes counseling the patient on the benefits and risks of vaccinations and obtaining consent to receive the shot, so these activities cannot be billed for separately.

The webinar and its slides are available to the general public, though individuals must first register to gain access.